

158-12

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p>	
<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.</p>	
<p>3. Article Addressed to:</p> <p>DR. J. B. AVENTURA ENVIRONMENTAL SUPERVISOR ETHYL PETROLEUM ADDITIVES SAVING, ILLINOIS 62201</p>	<p>4. Article Number</p> <p>7-484 175 830</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>Kecela Family</i></p>	
<p>7. Date of Delivery</p> <p>4/20/87</p>	

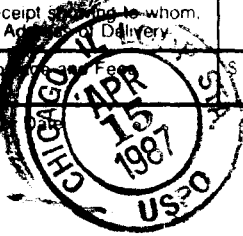
444 175 038
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 153-506

Form 3800, June 1985

Sent to <i>Mg. Bonaventura</i>	
Street and No. <i>444 175 038</i>	
P.O., State and ZIP Code <i>Saucer, IL 62281</i>	
Postage	\$ <i>.22</i>
Certified Fee	<i>.75</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>.70</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>1.67</i>
Postmark	



545-12-85 Schick